

ANNUAL PUBLIC DANCE PERMIT APPLICATION

FEE: \$50.00

LMC Chapter 5.20

LICENSE YEAR: JUNE 1 THRU MAY 31

RETURN TO:

City Clerk's Office, 555 S. 10th St., Room 103, Lincoln, NE 68508

PLEASE ALLOW 2 WEEKS FOR PROCESSING

A site plan which would include a diagram of the space to be used for dancing, dressing rooms, check rooms, bathrooms, entrances, exits, stairways, elevators & fire escapes **must** be attached to this application **prior** to submission. **APPLICATION WILL BE RETURNED IF THIS IS NOT SUPPLIED.** A new Application must be submitted if any change is made from the application as previously submitted & approved.

Please PRINT using blue or black ink only.

APPLICANT'S INFORMATION (must be 21 yrs. of age)					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		CELL#:		FAX #:	
D.O.B.:					

BUSINESS INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		CELL#:		FAX #:	

MAILING INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

PROPERTY OWNER'S INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

MAX. # OF PERSONS ALLOWED ON THE PREMISES: _____

FLOOR(s) OF THE BUILDING WHERE THE DANCING & ALL OTHER ROOMS WILL BE LOCATED:

EMPLOYEE INFORMATION		
<i>Names of all persons employed by applicant in conducting dance</i>		

Have any of the above-named individuals been found guilty or plead guilty to a misdemeanor involving moral turpitude or have been convicted or plead guilty to any felony?

Yes _____ No _____ If yes, give particulars: _____

*Please Note: Lincoln Municipal Code Section 5.20.130 **requires** all dances to end by 1 a.m.*

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

Applications are available on the City's web site at "www.lincoln.ne.gov"

REFERRALS

FIRE PREVENTION BUREAU:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

POLICE DEPARTMENT:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

HEALTH DEPARTMENT:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

CODES ADMINISTRATION:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

